

Your vision benefits

STATE OF COLORADO VISION BENEFITS



We want to make caring for your eyes as simple as possible. Your plan includes frames or contacts as well as continued access to our national network of optometrists and ophthalmologists for your yearly exam. You also have access to discounts on laser vision correction and preferred pricing on hearing aids.

Take a look at what your vision plan covers:

Medical Eye Exams

You are eligible for one fully covered eye exam every 12 months under your UnitedHealthcare medical plan. Please visit welcometouhc.com/colorado or call **1-877-283-5424** to locate an in network provider. Your provider will bill your eye exam under your medical coverage.

Vision Coverage

You are eligible for frames or contacts every 24 months under your UnitedHealthcare vision plan. Please visit myuhcvision.com or call **1-800-638-3120** to locate an in network provider. Your provider will bill your materials and hardware under your vision coverage.

Copays for in-network services

Copay Choice Plus Plan Vision Exam	\$50.00
High Deductible Health Plan Vision Exam	90% covered after deductible has been met
Vision benefit frames or standard lenses	\$25.00

Benefit frequency

Spectacle Lenses	Once every 24 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eye Glasses	Once every 24 months

Frame benefit

Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens options

Standard scratch-resistant coating — covered in full. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)

Contact lens benefit

Covered-in-full elective contact lenses: The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 6 boxes are included when obtained from a network provider.

All other elective contact lenses: A \$150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts.

Necessary contact lenses³: Covered in full after applicable copay.

Out-of-network reimbursements (Copays do not apply)

Frames	\$45.00
Single Vision Lenses	\$40.00
Bifocal Lenses	\$60.00
Trifocal Lenses	\$80.00
Lenticular Lenses	\$80.00
Elective Contacts in Lieu of Eye Glasses	\$105.00
Necessary Contacts in Lieu of Eye Glasses	\$210.00

Laser vision benefit

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call **1-888-563-4497** or visit us at www.uhclasik.com.

